

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street) ▼

PO Box 77492 -- Capitol Hill

☐ Check if different than previously reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00389882

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert D. Kampia

Signature of Treasurer

Robert D. Kampia

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 01 2012 To: M M / D D / Y Y Y Y Y Y
06 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		29741.77
(b) Cash on Hand at Beginning of Reporting Period.....	25723.77	
(c) Total Receipts (from Line 19)	3794.00	8276.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29517.77	38017.77
7. Total Disbursements (from Line 31)	10100.00	18600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19417.77	19417.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

380.00

880.00

(ii) Unitemized

3414.00

7396.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3794.00

8276.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

3794.00

8276.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3794.00

8276.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3794.00

8276.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10100.00	18600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10100.00	18600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10100.00	18600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3794.00	8276.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3794.00	8276.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Marc Bejarano

Mailing Address 3 Springvale Ave

City

Chelsea

State

MA

Zip Code

02150-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

92015967_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 15 / 2012

Transaction ID : SA11AI.12391

Amount of Each Receipt this Period

50.00

MMXXXPXXXXX

Full Name (Last, First, Middle Initial)

B. Marc Bejarano

Mailing Address 3 Springvale Ave

City

Chelsea

State

MA

Zip Code

02150-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

92015967_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
06 / 15 / 2012

Transaction ID : SA11AI.12331

Amount of Each Receipt this Period

50.00

MMXXXPXXXXX

Full Name (Last, First, Middle Initial)

C. Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

78506615_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2012

Transaction ID : SA11AI.12405

Amount of Each Receipt this Period

50.00

MMXXXPXXXXX

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

78506615_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 22 / 2012

Transaction ID : SA11AI.12342

Amount of Each Receipt this Period

50.00

MMXXXPXXXXX

Full Name (Last, First, Middle Initial)

B. William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

78556370_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 22 / 2012

Transaction ID : SA11AI.12380

Amount of Each Receipt this Period

60.00

MMXXXPXXXXX

Full Name (Last, First, Middle Initial)

C. William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

78556370_MMXXXPXXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 22 / 2012

Transaction ID : SA11AI.12402

Amount of Each Receipt this Period

60.00

MMXXXPXXXXX

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. William M Waring

Mailing Address 152 Berrywood Dr

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

78556370_MMXXXPXXXX_PAC

Occupation

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11AI.12348

Amount of Each Receipt this Period

60.00

MMXXXPXXXX

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

380.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

Mailing Address PO Box 77492 -- Capitol Hill

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

City	State	Zip Code
Washington	DC	20013

Transaction ID : SB23.12461

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

BRINKLEY FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 06

Full Name (Last, First, Middle Initial)

B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

Mailing Address PO Box 77492 -- Capitol Hill

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2012

City	State	Zip Code
Washington	DC	20013

Transaction ID : SB23.12454

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

UDALL FOR COLORADO INCCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

Mailing Address PO Box 77492 -- Capitol Hill

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

City	State	Zip Code
Washington	DC	20013

Transaction ID : SB23.12462

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

PACE FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District: 03

SUBTOTAL of Disbursements This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address PO Box 77492 -- Capitol Hill

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement

011

Transaction ID : SB23.12463

Amount of Each Disbursement this Period

100.00

Candidate Name

COLORADO DEMOCRATIC PARTYCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2012

Mailing Address PO Box 77492 -- Capitol Hill

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement

011

Transaction ID : SB23.12453

Amount of Each Disbursement this Period

2000.00

Candidate Name

Shumlin for GovernorCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address PO Box 77492 -- Capitol Hill

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement

011

Transaction ID : SB23.12452

Amount of Each Disbursement this Period

1000.00

Candidate Name

BARBARA LEE FOR CONGRESSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Full Name (Last, First, Middle Initial)

A. Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2012

Mailing Address PO Box 77492 -- Capitol Hill

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement

011

Transaction ID : SB23.12460

Amount of Each Disbursement this Period

2500.00

Candidate Name

SOLIDARITY PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

--

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

10100.00